

Kansas-Bred Program Registration Application

i icase check all	that apply:						
☐ Application fe	or Kansas Domicile	ed Program					
• •	or Kansas-Bred Pro	J					
□ Application to	or Certificate of Eli	gibility (Breeding Only)					
Sex		Breed		Color			
□ Stallion	□ Appaloosa	□ Quarter Horse	□ Bay	□ Gray □	Other		
□ Mare	□ Arabian	□ Standard Bred	□ Brown	□ Roan			
□ Gelding	□ Paint	□ Thoroughbred	□ Black	□ Sorrel			
	'	Foal Informat	ion				
Name of Horse:							
		National Breed					
			_ □ Kansas-Bre	ed 🗆 Kansa	as Domiciled		
Sire:		Vannas Dyrad Darit I I I I					
	Breed: Kansas-Bred Registration No.:						
Dam:			n No.				
Dua a di	Dam: Kansas-Bred Registration No.:						
Breed:	K	Cansas-Bred Registratio	II NO.:				
	vnership Section (0	Complete as it appears	on National E	Breed Registr	ation)		
Ow	vnership Section (0	Complete as it appears	on National E	Breed Registrary	ation)		
Ow Name of Owner,	vnership Section (0 Individual Ow Farm or Ranch:	Complete as it appears	on National E	reed Registr	ation) n		
Name of Owner,	vnership Section (6	Complete as it appears ner	on National E	reed Registr	ation) n		
Name of Owner, Address: Zip Code:	vnership Section (0 Individual Ow Farm or Ranch: Teleph	Complete as it appears ner	on National E	r Corporation	ation) n State:		
Name of Owner, Address: Zip Code:	vnership Section (0 Individual Ow Farm or Ranch: Teleph	Complete as it appears ner	on National E	r Corporation	ation) n State:		
Name of Owner, Address: Zip Code:	vnership Section (0 Individual Ow Farm or Ranch: Teleph	Complete as it appears ner	on National E Syndicate of	r Corporation	ation) n State:		
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Name of Owner, Address: Zip Code: Social Security No Name of Owner, Address: City: Farm Manager:	vnership Section (Comparison Individual Ownership Section Comparison Comparis	Complete as it appears Iner Partnership City: none: () Federal Ide Stallion Owner Info State: Foal Owner Inform	on National E Syndicate of the syndicate of the syndication Notes of the syndication of the syndicate of the syndicat	r Corporation	ation) n State:		
Name of Owner, Address: Zip Code: Social Security No Name of Owner, Address: City: Farm Manager:	vnership Section ((Individual Ow Farm or Ranch: Teleph o.: Farm or Ranch:	Complete as it appears ner	on National E Syndicate of the syndicate of the syndication Notes of the syndication of the syndicate of the syndicat	r Corporation	ation) n State:		
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Name of Owner, Address: Zip Code: Social Security No Name of Owner, Address: City: Farm Manager: Name of Owner, Address: City:	vnership Section (Comparison of Ranch: Telephon: Farm or Ranch: Farm or Ranch:	Complete as it appears ner	entification No	r Corporation Tip Code:	ation) n State:		

Description Please give a complete description of all markings and characteristics in the following order: (1) head (2) left foreleg (3) left hind leg (4) right hind leg (5) right foreleg (6) body (7) brands, scars or physical abnormalities. If there are no marks, please state NO MARKS. Description must include cowlicks from the shoulder forward, including chest, poll and forehead.				
IMPORTANT Kansas – Bred Registration is not complete until the original National Breed Registration Certificate or				

IMPORTANT

Attach the original National Breed Registration Certificate, Proof of Ownership, Check or Money Order for fees, and copies of any leases that apply, and return to:

Kansas Racing and Gaming Commission Kansas-Bred Program

700 SW Harrison, Suite 500 Topeka, KS 66603

<u>Certification Fees</u>		Registration Fees	
□ Domiciled	\$50.00	☐ Foaling Year by December 31st	\$50.00
☐ Stallion Certification	\$100.00	☐ Yearling Year by December 31st	\$100.00
☐ Mare Certification	\$35.00	□ 2 Years or Older by December 31st	\$500.00

- To enter the Breeding Program, you must pay the Domiciled and Certification Fees
- A Change of Ownership requires re-certification

its replacement is submitted.

Kansas-Bred horses must be certified in the Breeding Program

The undersigned owner (or authorized agent) certifies that he/she has full power and authority to execute and file this application and to receive any requested or related documents from the KRGC and that the information supplied on this form is complete and correct. The undersigned also agrees that the KRGC may act with respect to the horse referred to herein on the basis of this application, other documents on file with respect to this horse, and other information available to the KRGC. In the case of inconsistent data, the KRGC shall be under no liability to the undersigned in connection with such action. It is further agreed that the KRGC may blood-type this foal and either or both of its parents if they are owned by the applicant(s). The owner further certifies that, at the time of this signing, the horse is alive, and that the death of this horse shall be reported to the KRGC within 24 hours. It is also understood that this application for Kansas-Bred status authorizes the KRGC to inspect and identify the horse at anytime deemed necessary by the agency. Further, it is agreed that the foal shall be (or was) domiciled within the State of Kansas for the first six months of its life.

Signature of Applicant:	Date:
OF	FICE USE ONLY
Date Received:	Work Number:
Date Approved:	KS-Bred Number:
Date Certified:	Certification Number: